

## 209 NYC Dental LLP

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New York, NY 10022  
Phone: 212-355-2290  
Fax: 646-430-8177

**Date:** 01/19/2025

### Payment Receipt

**Patient:** Daniel Dadoun  
**Staff:** Melanie L  
**Card:** Visa  
**Terminal ID:** XXXXXXXXXXXXXXXX  
**Trans ID:** 000000019975  
**Order ID:** 38812502231431296581  
**Batch ID:** 000617  
**Trans Type:** Purchase  
**Date:** 2025-01-19 13:4117  
**Card Number:** XXXXXXXXXXXXXXX8718  
**Entry Legend:** CHIP READ  
**Entry Method:** CONTACTLESS  
**Approved Code:** 113338  
**AC:** DD6AC424C68C2605  
**ATC:** 0030  
**AID:** A0000000031010  
**TVR:** 0000000000  
**Res CD:** 00  
**TRN REF #:** 305054704185357  
**VAL CODE:** N87H  
**Total Amount:** USD\$291.00  
Approved - Thank You